



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**CANDIDATE COMMITTEE
COVER PAGE**

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: 10/22/12 to 11/26/12

1. Committee I.D. Number

14074

4. Candidate Last Name First Name M.I.

Hickner Thomas L

4a. Office Sought Including District # or Community Served (If applicable)

County Executive

4b. County of Residence Bay

2. Committee Name

Tom Hickner for County Executive

5. Committee's Mailing Address

**P.O. Box 403
Bay City MI 48707**

6. Treasurer's Name & Residential Address

**Tom Hickner
4821 E. Westgate Drive
Bay City MI 48706**

Area Code and Phone (989) 992-4579

If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

Area Code & Phone (989) 992-4579

7. Treasurer's Business Address

**515 Center Avenue
Suite 401
Bay City MI 48708**

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)

**Nicholas A. Wilcox
5123 Three Mile Road
Bay City MI 48706**

Area Code and Phone (989) 895-4130

Area Code and Phone

9. TYPE OF STATEMENT

9a. ☐ Pre-Election OR 9b. ☒ Post-Election

Pre-Election or Post-Election Statement relates to:

☐ Primary ☒ General
☐ Convention ☐ School
☐ Special ☐ Caucus

Date of Election, Convention or Caucus

9c. ☐ Annual Statement (Coverage Year)

9d. ☐ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)

9e. ☐ Dissolution of Candidate Committee

Effective Date of Dissolution

By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. **If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.**

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Record keeper Thomas L. Hickner Date 12-6-12
Type or Print Name Signature

Candidate Thomas L. Hickner Date 12-6-12
Type or Print Name Signature



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 14074

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name Tom Hickner for County Executive

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>0.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>\$0.00</u>	(18.) \$ <u>\$17,275.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>\$250.00</u>	(19.) \$ <u>\$250.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>\$250.00</u>	(20.) \$ <u>\$17,525.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>\$0.00</u>	(21.) \$ <u>\$0.00</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>\$0.00</u>	(22.) \$ <u>\$0.00</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>\$0.00</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>\$0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>\$0.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>\$0.00</u>	(23.) \$ <u>\$0.00</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>\$1,103.65</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>\$0.00</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>\$1,103.65</u>	(24.) \$ <u>\$12,476.93</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>\$0.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>\$0.00</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>\$3,213.35</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>\$250.00</u>	
	(15.) = \$ <u>\$3,463.35</u>	
15. SUBTOTAL Add lines 13 and 14		
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>\$1,103.65</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>\$2,359.70</u>	



**ITEMIZED OTHER RECEIPTS
SCHEDULE 1A-1**

CANDIDATE COMMITTEE

1. Committee I.D. Number 14074

2. Committee Name Tom Hickner for County Executive

3. Name & Address From Whom Received	4. Date of Receipt	5. Type of Receipt	6. Amount
Receipt #1 Name & Address: Tom Hickner 4821 E. Westgate Drive Bay City MI 48706	Date of Receipt <u>11/10/12</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate Click for Memo Itemization Type <input checked="" type="checkbox"/> Other (Specify) <u>Wetters</u>	\$ <u>150.00</u>
	<input type="checkbox"/> Fund Raiser		
Receipt #2 Name & Address: Bay County Clerk 515 Center Avenue Bay City MI 48708	Date of Receipt <u>11/24/12</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate Click for Memo Itemization Type <input checked="" type="checkbox"/> Other (Specify) <u>filing fee</u>	\$ <u>100.00</u>
	<input type="checkbox"/> Fund Raiser		
Receipt #3 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate Click for Memo Itemization Type <input type="checkbox"/> Other (Specify) _____	\$ _____
	<input type="checkbox"/> Fund Raiser		
Receipt #4 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate Click for Memo Itemization Type <input type="checkbox"/> Other (Specify) _____	\$ _____
	<input type="checkbox"/> Fund Raiser		
Receipt #5 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate Click for Memo Itemization Type <input type="checkbox"/> Other (Specify) _____	\$ _____
	<input type="checkbox"/> Fund Raiser		
Receipt #6 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate Click for Memo Itemization Type <input type="checkbox"/> Other (Specify) _____	\$ _____
	<input type="checkbox"/> Fund Raiser		
Receipt #7 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate Click for Memo Itemization Type <input type="checkbox"/> Other (Specify) _____	\$ _____
	<input type="checkbox"/> Fund Raiser		

Page Subtotal

250.00

Grand Total of All Schedules 1A -1
(Complete on last page of Schedule)

250.00

Enter this total on
line 4 of Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

INCIDENTAL OFFICE EXPENSE
DISBURSEMENTS

SCHEDULE 1C

CANDIDATE COMMITTEE

(For use by officeholders only)

1. Committee I. D. Number 14074

2. Committee Name Tom Hickner for County Executive

Expenditure #	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Tom Hickner</u> Address <u>4821 E. Westgate Drive</u> <u>Bay City MI 48706</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>see itemized list below</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/24/12</u> Date	\$ <u>729.92</u>
Expenditure #2 Name <u>Herek for County Commissioner</u> Address <u>1606 30th Street</u> <u>Bay City MI 48708</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>donation</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/08/12</u> Date	\$ <u>(50.00)</u>
Expenditure #3 Name <u>Kelly for Judge</u> Address <u>319 N. Johnson</u> <u>Bay City MI 48708</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>donation</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/08/12</u> Date	\$ <u>(50.00)</u>
Expenditure #4 Name <u>Watson for Supervisor</u> Address <u>180 State park Drive</u> <u>Bay City MI 48706</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>donation</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/24/12</u> Date	\$ <u>(25.00)</u>
Expenditure #5 Name <u>G's</u> Address <u>1005 Saginaw Street</u> <u>Bay City MI 48708</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>elected officials lunch</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/03/12</u> Date	\$ <u>(18.14)</u>

Subtotal this page

729.92

Grand Total of all Schedules 1B
(Complete on last page of Schedule)

Enter this total
on line 8a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**INCIDENTAL OFFICE EXPENSE
DISBURSEMENTS
SCHEDULE 1C**

CANDIDATE COMMITTEE
(For use by officeholders only)

1. Committee I. D. Number 14074
2. Committee Name Tom Hickner for County Executive

Expenditure #	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Doubletree Hotel</u> Address <u>1 Wenona Park</u> <u>Bay City MI 48708</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Refreshments for Rotary</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/11/12</u> Date	<u>\$ (47.70)</u> Click Here for Memo Itemization Type
Expenditure #2 Name <u>Rotary Club of Bay City</u> Address <u>P.O. Box 42</u> <u>Bay City MI 48707</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>International Night</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/01/12</u> Date	<u>\$ (60.00)</u> Click Here for Memo Itemization Type
Expenditure #3 Name <u>U.S. Postal Service</u> Address <u>1000 Washington Avenue</u> <u>Bay City MI 48708</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>postage</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/31/12</u> Date	<u>\$ (9.00)</u> Click Here for Memo Itemization Type
Expenditure #4 Name <u>Saginaw Bay Yacht Club</u> Address <u>2313 Weadock</u> <u>Essexville, MI 48732</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>refreshments volunteers</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/04/12</u> Date	<u>\$ (65.19)</u> Click Here for Memo Itemization Type
Expenditure #5 Name <u>Old City Hall</u> Address <u>814 Saginaw Street</u> <u>Bay City MI 48708</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>refreshments volunteers</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/07/12</u> Date	<u>\$ (68.64)</u> Click Here for Memo Itemization Type

Subtotal this page

Grand Total of all Schedules 1B
(Complete on last page of Schedule)

(N/A)

(N/A)

Enter this total
on line 8a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

INCIDENTAL OFFICE EXPENSE
DISBURSEMENTS

SCHEDULE 1C

CANDIDATE COMMITTEE

(For use by officeholders only)

1. Committee I. D. Number

14074

2. Committee Name

Tom Hickner for County Executive

Expenditure #	4. Purpose (Required Information)	5. Date	6. Amount
<p>Expenditure #1</p> <p>Name Grand Hotel</p> <p>Address 286 Grand Avenue Mackinac Island, MI</p> <p><input type="checkbox"/> Fund Raiser</p>	<p>Purpose: Medical Center Foundation</p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p>08/26/12 Date</p> <p>Click Here for Memo Itemization Type</p>	<p>\$ (30.00)</p>
<p>Expenditure #2</p> <p>Name St George Society</p> <p>Address 1401 S. Grant Bay City MI 48708</p> <p><input type="checkbox"/> Fund Raiser</p>	<p>Purpose: fund raiser</p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p>08/31/12 Date</p> <p>Click Here for Memo Itemization Type</p>	<p>\$ (100.00)</p>
<p>Expenditure #3</p> <p>Name St. Brigid-Hibernians</p> <p>Address 1316 Broadway Bay City MI 48708</p> <p><input checked="" type="checkbox"/> Fund Raiser</p>	<p>Purpose: fund raiser</p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p>10/24/12 Date</p> <p>Click Here for Memo Itemization Type</p>	<p>\$ (25.00)</p>
<p>Expenditure #4</p> <p>Name Apache Grill</p> <p>Address 13671 West Shore Drive Traverse City, MI 49684</p> <p><input checked="" type="checkbox"/> Fund Raiser</p>	<p>Purpose: refreshments volunteers</p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p>08/18/12 Date</p> <p>Click Here for Memo Itemization Type</p>	<p>\$ (45.16)</p>
<p>Expenditure #5</p> <p>Name Old City Hall</p> <p>Address 814 Saginaw Street Bay City MI 48708</p> <p><input type="checkbox"/> Fund Raiser</p>	<p>Purpose: refreshments volunteers</p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p>08/07/12 Date</p> <p>Click Here for Memo Itemization Type</p>	<p>\$ (16.69)</p>

Subtotal this page

N/A

Grand Total of all Schedules 1B
(Complete on last page of Schedule)

N/A

Enter this total
on line 8a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**INCIDENTAL OFFICE EXPENSE
DISBURSEMENTS
SCHEDULE 1C
CANDIDATE COMMITTEE**
(For use by officeholders only)

1. Committee I. D. Number 14074
2. Committee Name Tom Hickner for County Executive

	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Barney's</u> Address <u>800 Michigan</u> <u>Bay City MI 48708</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>refreshments volunteers</u> Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/14/12</u> Date	\$ <u>(119.40)</u>
Expenditure #2 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #3 Name Address <u>y</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: _____ Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #4 Name Address <input checked="" type="checkbox"/> Fund Raiser	Purpose: _____ Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #5 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page
Grand Total of all Schedules 1B
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N/A

N/A

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Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

INCIDENTAL OFFICE EXPENSE
DISBURSEMENTS

SCHEDULE 1C

CANDIDATE COMMITTEE

(For use by officeholders only)

1. Committee I. D. Number 14074

2. Committee Name Tom Hickner for County Executive

Expenditure #	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Tom Hickner</u> Address <u>4821 E. Westgate Drive</u> <u>Bay City MI 48706</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>see itemized list below</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/16/12</u> Date	<u>\$ 373.73</u> Click Here for Memo Itemization Type
Expenditure #2 Name <u>Old City Hall</u> Address <u>814 Saginaw</u> <u>Bay City MI 48708</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>refreshments-volunteers</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/12/12</u> Date	<u>\$ (31.48)</u> Click Here for Memo Itemization Type
Expenditure #3 Name <u>Tropo</u> Address <u>111 E. Michigan Avenue</u> <u>Lansing MI 48933</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>dinner-MRG staff</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/08/12</u> Date	<u>\$ (45.09)</u> Click Here for Memo Itemization Type
Expenditure #4 Name <u>Timothy's</u> Address <u>115 Center Avenue</u> <u>Bay city MI 48708</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>cigars-young democrats</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/06/12</u> Date	<u>\$ (45.79)</u> Click Here for Memo Itemization Type
Expenditure #5 Name <u>Bart's</u> Address <u>804 E. Midland</u> <u>Bay City MI 48706</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>refreshments volunteers</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/07/12</u> Date	<u>\$ (38.62)</u> Click Here for Memo Itemization Type

Subtotal this page

373.73

Grand Total of all Schedules 1B
(Complete on last page of Schedule)

Enter this total
on line 8a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

INCIDENTAL OFFICE EXPENSE
DISBURSEMENTS

SCHEDULE 1C

CANDIDATE COMMITTEE

(For use by officeholders only)

1. Committee I. D. Number 14074

2. Committee Name Tom Hickner for County Executive

Expenditure #	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Kellogg Center</u> Address <u>219 S. Harrison</u> <u>E. Lansing, MI 48824</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>refreshments-MSU Professors</u> Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/16/12</u> Date	\$ <u>(130.38)</u>
Expenditure #2 Name <u>Old City Hall</u> Address <u>814 Saginaw</u> <u>Bay City MI 48708</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>refreshments-volunteers</u> Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/06/12</u> Date	\$ <u>(62.12)</u>
Expenditure #3 Name Address <input checked="" type="checkbox"/> Fund Raiser	Purpose: _____ Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #4 Name Address <input checked="" type="checkbox"/> Fund Raiser	Purpose: _____ Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #5 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page

NA

Grand Total of all Schedules 1B
(Complete on last page of Schedule)

1103.65

Enter this total
on line 8a of
Summary Page